STATE OF MARYLAND—CERTIFICATE OF DEATH

04212

1. PLACE OF DEATH

County Frederick Registration Dist. No. 144

Village or City Catoctin Furnace No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME still born baby - Anders

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: S

6. DATE OF BIRTH (month, day, and year): April 11th 1940

7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 0

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country): Nr Thurmont Md

FATHER

13. NAME: Chas Henry Anders

14. BIRTHPLACE (city or town) (State or country): Nr Thurmont Md

MOTHER

15. MAIDEN NAME: Iona Lucile Stackhouse

16. BIRTHPLACE (city or town) (State or country): Rickets Pa

17. INFORMANT (Address): C H Anders - Thurmont Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Catoctin Furnace Date: April 11- 1940

19. UNDERTAKER (Address): Chas. H. Anders (Father) Thurmont Md

20. FILED: April 11- 1940 Anna M. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH dont know Apr. 11 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , I last saw h Still born Infant alive on , 19 , death is said to have occurred on the date stated above, at 9 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Separated placenta

Undeveloped infant

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morris A Beely M. D.

(Address) Thurmont Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04213

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County: Frederick

City or town: Brunswick (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Schnauffer Hospital

Stay in hospital or inst. (yrs., or mos., or days): One Da

Stay in this community (yrs., or mos., or days): " Da

2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Brunswick Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Infant of Doris Arnold

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife:

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 11, 1940

8. AGE: Years | Months | Days: 1 | If less than one day ____ hrs. ____ min.

9. Birthplace: Brunswick F.C. Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business:

FATHER: 12. Name: Unknown

13. Birthplace:

MOTHER: 14. Maiden name: Doris Arnold

15. Birthplace: Lovettsville Va.

16. Informant: John Arnold

Address: Lovettsville Va.

17. ~~Lovettsville~~ Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 12, 1940 (month) (day) (year)

Cemetery or crematory: Union Cemetery

Location: Lovettsville Va.

18. Funeral director: C. H. Fite & Bro

Address: Brunswick Md.

19. April 11 1940 (Date rec'd by registrar) Mr H. D. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 1940, at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Therapeutic abortion

Due to: ~~Premature~~

Due to: Foetus 4½ months

Other conditions: Mother B.P. 240/150 alb 4+. Edema entire body. (Include pregnancy within 3 months of death)

Major findings: N.P.N.T.D. consultation

Of operations: Dr Mr. B Carpenter; Dr Leo B. Gaffney

Of autopsy: Dr Mr. Schnauffer

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: William Schnauffer M. D. or other

Address ____ Date signed ____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-77)

Reg. Dist. No. 131

04214

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 E 3rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Cora Hill Barrick

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife ———

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Aug. 5-1870

8. AGE: Years 69 | Months 8 | Days 15 | If less than one day ——— hr. ——— min.

9. Birthplace Utica, Maryland
(Town, county, and state)

10. Usual occupation Nurse

11. Industry or business Nursing

FATHER
12. Name Edward C. Barrick
13. Birthplace Utica-Maryland

MOTHER
14. Maiden Name Julia Ann Barrick
15. Birthplace Utica-Maryland

16 (a) Informant Miss Mary Nicodemus
(b) Address Walkersville, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-22-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Utica Cemetery
Location Utica-Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Md.

19 (a) 22-April-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 20 1940, at 4.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1940, to Apr. 20 1940, and that I last saw ~~him~~ alive on Apr. 19 1940.

Immediate cause of death: Peritonitis — Duration: 3 wks.

Due to Intestinal Volvulus c̄ Obstruction — 3½ wks.

Due to Acute Cholecystitis c̄ Adhesions — ?

Other conditions Carcinomatosis of abdominal viscera. Primary seat: Unknown. [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis c̄ Intestinal Obstruction
Of autopsy Cholecystitis — Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank D. Worthington M. D. or other
Address Frederick-Md. Date signed Apr. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

83-01

04215

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 12 Virginia Ave.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 12 Virginia Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Almyra Lillian Becraft

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed.
B (b) Name of husband or wife: Harry Becraft.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept 15, 1859

8. AGE: Years 80 | Months 8 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland. (Town, county, and state)
10. Usual occupation: Housework.
11. Industry or business —

FATHER
12. Name: John Winks
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Unknown.
15. Birthplace: Unknown.

16. Informant: Mrs Richard Carroll
Address: Brunswick Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1, 1940 (month) (day) (year)
Cemetery or crematory: Virts Burying Ground.
Location: Near Sandy Hook Md.

18. Funeral director: C. H. Feete & Bro
Address: Brunswick, Md.

19. April 29 1940 (Date rec'd by registrar) Mrs H. L. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940, to April 28 1940, and that I last saw her alive on April 28 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: week
Due to: Hypertension — 10 yrs
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: William Shrauffer M. D. or other
Address: Brunswick Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

04216

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Schnauffer Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wash
City or town: Sharpsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edith Bolitho

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: James Bolitho
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): April 22 1878

8. AGE: Years 68 | Months 0 | Days 6 | If less than one day ___ hrs. ___ min.

9. Birthplace: Wales (England) (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business
FATHER
12. Name: John Knight
13. Birthplace: Wales (England)
MOTHER
14. Maiden name: Jane Buschell
15. Birthplace: Wales
16. Informant: Mrs John Stanbs
Address: Brunswick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1 1940 (month) (day) (year)
Cemetery or crematory: Lutheran Cemetery
Location: Bolivar West Virginia
18. Funeral director: C. A. Fiete & Bro
Address: Brunswick, Maryland
19. April 30 1940 (Date rec'd by registrar) Wm H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 1940, at 6P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 28 1940 and that I last saw her alive on April 28 1940.
Immediate cause of death: Coronary Occlusion — DURATION: ?
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: William Schnauffer M. D. or other
Address — Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

04217

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick - Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Montevue - County Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 5 mo 17 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D # 1, Mt. Frederick (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Anna Bowers.

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: female
5. Color or race: white
6 (a) ~~Single, married~~ widowed, or ~~divorced~~.: Widow
6 (b) Name of husband ~~or wife~~: Robert Bowers.
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 12 1866

8. AGE: Years 72 | Months 8 | Days 12 | If less than one day _____ hr. _____ min.

9. Birthplace Mt. Jackson Virginia (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Strather Shaffer
13. Birthplace Virginia

MOTHER
14. Maiden Name Malinda Jenkins
15. Birthplace Virginia

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 4/6/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director M. P. Eichman & Son
(b) Address Frederick, Maryland

19 (a) 5-April-1940 (Date rec'd by registrar) (b) Ira J. McCleary Registrar

MEDICAL CERTIFICATION

20. Date of death April 4 1940 at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1939 to April 4 1940 and that I last saw ~~him~~ her alive on April 3 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. Thomas M. D. or other

Address Frederick, Md Date signed 4/6/40

RECEIVED
MAY 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 136-1

(942)

04218

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Near Park Mills
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Near Park Mills
(If outside city or town limits, write RURAL and give town)

(d) Street No. ——
(If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Charles Samuel Brown

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Sally Brown

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 1867

8. **AGE:** Years 73 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Hyattstown Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name Samuel Brown
13. Birthplace Fredk Co. Md.

MOTHER
14. Maiden Name Rachel Hobbs
15. Birthplace Fredk Co. Md.

16 (a) Informant Morris Cromwell
(b) Address Park Mills Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 16-40 (month) (day) (year)

(c) Cemetery or crematory Hyattstown Md.

Location

18 (a) Funeral director C. E. Chin & Son

(b) Address Frederick Md.

19 (a) Apr. 16-40 (Date rec'd by registrar) (b) G O Hendrickson Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1940, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ from ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ dead on April 15 1940.

Immediate cause of death: Coronary thrombosis

Due to: arteriosclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Barr. Med. Ex.
M. D. or other

Address Frederick Md. Date signed 4-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1968
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04219

1. PLACE OF DEATH

County Frederick Registration Dist. No. 139

Village or City Near Foxville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 1 yrs. — mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leon Richard Brown If U. S. Veteran, specify WAR

(a) Residence: No. — St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mch 10th 1939

7. AGE: Years 1 | Months 1 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Near Foxville (State or country) Frederick

FATHER

13. NAME Maurice A Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hilda G. Smith

16. BIRTHPLACE (city or town) Garfield (State or country) Maryland

17. INFORMANT Maurice A Brown (Address) Lamitz Route 1

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Mt Bethel Date Apr 24th, 1940

19. UNDERTAKER Willhide & Creeger (Address) Thurmont W Z M

20. FILED Apr. 22, 1940 W A Wolfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1940, to Apr. 21, 1940

I last saw him alive on Apr. 21, 1940; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	4-20-40
Other Contributory Causes of Importance:	
Bronchial Cold	4-18-40

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James F Gray M. D.

(Address) Thurmont Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 8 1928 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

04220

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 hrs.

Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 222 E. Third St.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charles Franklin Burkholder

3. (b) Social Security Number 214-10-3055

4. Sex: male

5. Color or race: white

6. (a) ~~Single, married, widowed~~, or divorced: divorced

6 (b) Name of ~~husband or~~ wife Dona E. Cook

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1890

8. AGE: Years 49 | Months 8 | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace Harrisonburg, Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Fred. Iron & Steel Co.

FATHER: 12. Name Franklin Burkholder,

13. Birthplace Harrisonburg, Virginia

MOTHER: 14. Maiden name Christiana (Unknown)

15. Birthplace Harrisonburg, Virginia

16. Informant Mrs. Walter J. Reinhart

Address 222 E. 3rd. St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 4 / 24 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery, Frederick, Maryland.

Location

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 23 Apr 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd., 1940, at 1.20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 1940, to April 22 1940, and that I last saw him alive on April 21 1940.

Immediate cause of death	DURATION
Acute Myocarditis	24 hrs.
Due to	
Arteriosclerosis	4 yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Frederick, Md. Date signed 4/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04221

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15-1

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 2 Mos 25 Days.

Stay in this community (yrs., or mos., or days): 2 Mos 25 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 221 N. Linwood. Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank A Busky.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Celia Busky

6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): May 7 1905

8. AGE: Years	Months	Days	If less than one day
34	11	23	____ hrs. ____ min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business:

FATHER
12. Name: Harry Busky
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Catherine Trabert
15. Birthplace: Baltimore. Md.

16. Informant: Frank A. Busky
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Unknown (month) (day) (year)

Cemetery or crematory: Unknown

Location: Unknown

18. Funeral director: Charles E. Shuminyk

Address: Baltimore, Md

19. 4/25/40 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30 1940 3:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5 1940 to April 30 1940 and that I last saw him alive on April 30 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions: Tuberculous Laryngitis (Include pregnancy within 3 months of death)	

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E Hoodpasture M.D.
M. D. or other

Address: State Sanatorium, Md Date signed 4/30/40

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MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

04222

CERTIFICATE OF DEATH

Reg. Dist. No. 1 B 2

1. PLACE OF DEATH:

County Frederick

City or town Burkittsville, Md. RFD.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Burkittsville, RFD. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Clarence J. Butts

3. (b) Social Security Number 213-18-8967

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Vernie L. Butts

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 17 - 1870

8. AGE: Years 69 | Months 8 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace Burkittsville Frederick County, Md.

(Town, county, and state)

10. Usual occupation Stone Mason

11. Industry or business

FATHER

12. Name Reason F. Butts

13. Birthplace Burkittsville, Md.

MOTHER

14. Maiden name Lydia Holmes

15. Birthplace Burkittsville, Md

16. Informant Mrs. Guy Butts

Address Burkittsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 11 - 1940 (month) (day) (year)

Cemetery or cremetory Locust Valley Cemetery

Location Burkittsville, Md RFD.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. Apr. 11 1940 [illegible] Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 9:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 6 1940 to Apr 8 1940, and that I last saw him alive on Apr 8 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Harp, MD

M. D. or other

Address Middletown Date signed 4-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

04223

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 319 A St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Fred.

City or town Brunswick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 319 A St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alberta Cage

3. (b) Social Security Number one

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Joseph E. Cage

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1869

8. AGE: Years 70 Months 3 Days 27 If less than one day hrs. min.

9. Birthplace Logan Co. Ohio

(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name John Longbrake

13. Birthplace West Virginia

MOTHER 14. Maiden name Dallis Miller

15. Birthplace West Virginia

16. Informant Mrs Grace W. Ayers

Address Brunswick Md.

17. ~~Shepherdstown~~ Bowen Date thereof Apr. 16 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shepherdstown W. Va

Location Shepherdstown W Va

18. Funeral director C. H. Feete & Bro

Address Brunswick Md.

19. 4-18 1940 Lena H. S. Hedges

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 13 1940, to Apr 13 1940, and that I last saw her alive on April 13 1940

Immediate cause of death Coronary Occlusion

DURATION Acute

Due to

Due to

Other conditions Work

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Brunswick Date signed 4/18/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04224

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 27 da.

(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or~~ town Walkersville - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Oliver G. Crampton

3 (b) If veteran, name war: no

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 27, 1866

8. AGE: Years 73 | Months 10 | Days 4 | If less than one day _____ hr. _____ min.

9. Birthplace Washington Co. Md.
(Town, county, and state)

10. Usual occupation Steel worker.

11. Industry or business

FATHER
12. Name Thomas Wm Crampton
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Mary King
15. Birthplace Frederick Co. Md.

16 (a) Informant Miss Adelsberger, Emergency
(b) Address Hospital Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 4 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Citizens Cemetery

Location Sharpsburg Md

18 (a) Funeral director G. C. Barton

(b) Address Walkersville Md.

19 (a) 2 April 1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 1940, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to April 1 1940, and that I last saw him alive on April 1 1940.

Immediate cause of death	Duration
Acute myocarditis	4 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature B. D. Thomas
M. D. or other

Address Independence Md Date signed 4/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-L)

04225

CERTIFICATE OF DEATH

Reg. Dist. No. 131

VS A15 (1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 305 Center St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 305 Center
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Ida Himes Cutsail

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Milton F. Cutsail
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 12, 1861

8. AGE: Years: 78 Months: 10 Days: 29 If less than one day: hrs. min.

9. Birthplace: Near Feagaville, Fred'k Co. Md.
(Town, county, and state)

10. Usual occupation: House-work

11. Industry or business: At Home

FATHER
12. Name: James Himes
13. Birthplace: Nr. Feagaville, Fred'k Co. Md.

MOTHER
14. Maiden name: Elizabeth Holter
15. Birthplace: Nr. Middletown, Fred'k Co. Md.

16. Informant: Charles W. Himes
Address: Feagaville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/13/40 (month) (day) (year)
Cemetery or crematory: Mount Olivet
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 11-apr-40 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11th, 1940, at 6:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1940, to Apr 11 1940, and that I last saw h[illegible] alive on April 10 1940.

Immediate cause of death	DURATION
Cardiac Valvular Disease	a few years
Due to Chronic Bronchitis	several years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. G. Bourne M.D.
M. D. or other
Address: Frederick Md Date signed 4-11-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04226

Reg. Dist. No. 13

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick Md.-Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital: Rural

Stay in hospital or inst. (yrs., or mos., or days): 2 Days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Middletown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: John T. Davis

3. (b) Social Security Number: No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 16-1868

8. AGE:

Years	Months	Days	If less than one day
72	2	22	hrs. min.

9. Birthplace: (Frederick County) Middletown, Md.

(Town, county, and state)

10. Usual occupation: Painter-Retired

11. Industry or business

FATHER 12. Name: Thomas J. Davis

13. Birthplace: Middletown, Md.

MOTHER 14. Maiden name: Elizabeth Tracey

15. Birthplace: Middletown, Md.

16. Informant: Thos. H. Davis

Address: Middletown Md.

17. Burial (Burial, cremation, or removal): Date thereof Apr. 10 1940 (month) (day) (year)

Cemetery or crematory: Lutheran Cemetery

Location: Middletown, Md.

18. Funeral director: Gladhill & Co.

Address: Middletown, Md.

19. 10-April 1940 (Date received by registrar) Dra J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 8-1940 19 at 8.25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940 to Apr 7 1940 and that I last saw him alive on Apr 7 1940

Immediate cause of death	DURATION
Lobar Pneumonia	8 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Edmund Harp. M.D. M. D. or other

Address: Middletown Date signed 4-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSA15

RECEIVED
MAY 8 1940
BUREAU V. H.

04227

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County: Frederick

City or town: Rural Near Unionville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 34 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Rural Near Unionville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. Mt. Airy Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mollie Devilbiss

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Levi F. Devilbiss

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): July 19 1857

8. AGE: Years: 82 Months: 8 Days: 12 If less than one day: hrs. min.

9. Birthplace: Frederick City Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Frederick Shipley
13. Birthplace: Frederick Co. Md.

MOTHER
14. Maiden name: Margaret Bennett
15. Birthplace: Frederick Co. Md.

16. Informant: Levi F. Devilbiss

Address: Mt. Airy R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: April 4, 1940 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Near Marston Md.

18. Funeral director: C. M. Walty

Address: Winfield Md.

19. April 2 1940 (Date rec'd by registrar) W. D. Curfman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1940, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 31 1940, to Mar 31 1940, and that I last saw her alive on Mar 31 1940.

Immediate cause of death: Influenza

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T. H. Legg M.D.
M. D. or other

Address: Union Bridge Date signed 4-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04228

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in this community (yrs., mos., or days) 15 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 124 W. Saint St. (If rural give location)

(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Walter Clinton Dixon

3 (b) If veteran, name war None

3 (c) Social Security No. None 219-03-0843

4. Sex Male

5. Color or race Col

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Ruth Dixon

6. (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Jan 24. 1900

8. AGE: Years 40 Months 2 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Jefferson Fred. Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Dixon
13. Birthplace Md. Jefferson

MOTHER
14. Maiden Name Jennie Parker
15. Birthplace Md. Jefferson

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/8/40 (month) (day) (year)

(c) Cemetery or crematory Fairview Cemetery

Location Frederick, Md.

18 (a) Funeral director M. P. Atkinson & Son

(b) Address Frederick, Md.

19 (a) 6 - April - 1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 5 1940, at 7 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1940, to April 5 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death Pulmonary T.B. — Duration ?

Due to Lobar pneumonia 2/40 TT — 2 weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed 4/6/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

04229

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick

City or town Woodsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick

City or town Woodsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Susan Donsife

3. (b) Social Security Number

4. Sex F.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or ~~wife~~ F Genoa Donsife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10. 1857

8. AGE: Years 83 Months 3 Days 15 If less than one day hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

FATHER
12. Name John W. Staup
13. Birthplace Md.

MOTHER
14. Maiden name Eave Bishop
15. Birthplace Md.

16. Informant Mrs. John E. Ainsworth
Address 187 Penna. Ave. Westminster Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Apr. 27 1940
(month) (day) (year)

Cemetery or crematory Mt. Hope

Location Woodsboro Md.

18. Funeral director Powell & Albaugh
Address Woodsboro Md.

19. Apr. 27 1940 L C Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 9.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 22 1938, to Apr. 25 1940, and that I last saw her alive on Apr. 25 1940.

Immediate cause of death Arteriosclerosis

Due to (Old age)

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy ✓

DURATION about 10 yrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? ✓
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury none Injured at work? —

23. SIGNATURE C. A. Stultz M. D. ~~or other~~
Address Woodsboro Md. Date signed 4-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 131-a

Reg. Dist. No. 131

04230

CERTIFICATE OF DEATH

VS. A15

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Week

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City~~ or town Middletown (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George Lewis Doub

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widower

6 (b) Name of ~~husband~~ or wife: Lala Kepler

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1862

8. AGE: Years 77 | Months 11 | Days 15 | If less than one day ____hr. ____min.

9. Birthplace Middletown, Md. (Town, county, and state)

10. Usual occupation General Merchandise Store

11. Industry or business Own Store

FATHER

12. Name Josiah Doub

13. Birthplace Middletown, Md.

MOTHER

14. Maiden Name Mary Elizabeth Routzahn

15. Birthplace Middletown, Md.

16 (a) Informant Mrs. Clara V. Kepler

(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 9, 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Lutheran

Location Middletown, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

19 (a) 8-apr-40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 7 1940, at 4.25 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1937, to April 7 1940, and that I last saw him alive on April 6 1940.

Immediate cause of death	Duration
Uremia	1 week
Due to Arteriosclerosis	
Nephritis	3 yrs
Due to Generalized Arteriosclerosis	5 yrs
Other conditions Pneumonia	1 week

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the causs to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Richard H Todd, M.D. M. D. or other

Address Middletown Md Date signed 4/7/40

RECEIVED
APR 16 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45 I)

04231

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~Emer~~ Montevue

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs.

Stay in this community (yrs., or mos., or days) 41 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 108 East St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Duvall

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 41? Months Days If less than one day hrs. min.

9. Birthplace Frederick Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Bernard S. Duvall
13. Birthplace Frederick County Md.

MOTHER
14. Maiden name Annie Tyson
15. Birthplace Frederick County Md.

16. Informant Montevue Records
Address Frederick Md - Rural

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 4/8/40 (month) (day) (year)

Cemetery or ~~crematory~~ Fairview Cemetery

Location Near Frederick Md

18. Funeral director M. R. Etchison and Son

Address Frederick Md

19. 6 April 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to April 5 1940, and that I last saw h in alive on April 4 1940.

Immediate cause of death Carcinomatis of tongue

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. B. O'Hanman M. D. or other

Address Frederick Md Date signed 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

04232

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 207 South Market

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 88 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 207 South Market

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Rufus Eugene Faubel

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 15, 1852

8. AGE: Years	Months	Days	If less than one day
88	2	27	hrs. min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER 12. Name David A. Faubel

13. Birthplace Frederick, Maryland

MOTHER 14. Maiden name Mary Ann Kleinard

15. Birthplace Frederick, Maryland

16. Informant Mrs. W. C. Jones,

Address 207 S. Market St., Fred'k, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 4/4/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 3- Apr 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15th 1940, to April 1st 1940, and that I last saw him alive on April 1st 1940.

Immediate cause of death Asthenia.

Due to Coronary thrombosis C.W.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION About (4) years.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry F. Getzendanner M. D. or other

Address Frederick, Md. Date signed Apr 2-1940

RECEIVED
MAY 6 1940
BUREAU V. S.

04233

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick County

City or town Frederick Town Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 13 Hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Church St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Earl Francis Forsythe

3. (b) Social Security Number 579-09-4211

4. Sex Male

5. Color or race White

6. (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 2. 1916

8. AGE: Years 23 Months 10 Days 20 If less than one day ____ hrs. ____ min.

9. Birthplace Williamsport Md
(Town, county, and state)

10. Usual occupation Helper on Birch Truck

11. Industry or business

FATHER
12. Name Howard Forsythe
13. Birthplace Near Hagerstown Md

MOTHER
14. Maiden name Ella Davis
15. Birthplace Williamsport Md

16. Informant Howard Forsythe
Address Williamsport Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof April 24, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ St. Pauls Cemetery

Location Near Clearspring Md

18. Funeral director Edith V Leaf
Address Williamsport Md

19. 23-April 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 21 1940, at 8:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ dead on 4 21 1940.

Immediate cause of death Fracture of skull

Due to Shock & hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4.21.40

Where did injury occur? Frederick County Md. U.S. Route No 40
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Auto accident Injured at work? No Dep. Wed

23. SIGNATURE R. W. Bare Ex. M. D. or other

Address Frederick, Md Date signed 4.21.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
APR 27 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 131

04234

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ hrs.

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 133 W. Saint St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Fredericks

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race Col

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 25 1940

8. AGE: Years | Months | Days | If less than one day 5½ hr. _____ min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual occupation New Born

11. Industry or business

FATHER
12. Name James Duppins
13. Birthplace unknown

MOTHER
14. Maiden Name Bertha Fredericks
15. Birthplace Frederick Co. Md

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/26/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Monterey

Location Frederick, Md

18 (a) Funeral director Harry C. Carty Cor.

(b) Address Frederick, Md

19 (a) 26-April-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 25 1940, at 3 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1940, to April 25 1940, and that I last saw him alive on April 25 1940.

Immediate cause of death	Duration
Premature labor 8 month fetus	
Due to Premature Separation	
Due to of placenta	12 hrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed 4/25/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

04235

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 753 East Church St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME John Frank Freie

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) not known 1859

8. AGE: Years 81 | Months — | Days — | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Grocery Store

FATHER
12. Name J. B. Wm Freie
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Dellinger
15. Birthplace Germany

16 (a) Informant Chas. Wm Freie
(b) Address Washington D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director C. E. Cline + Son
(b) Address Frederick, Md.

19 (a) 1-May-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 29 19 40 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~dead~~ 19__ to ~~19__~~, and that I last saw him ~~alive~~ on April 29 19 40.

	Duration
Immediate cause of death Bronchopneumonia	2 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Barr M. D. or other

Address April 29 40, Frederick Md Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 1313

Reg. Dist. No. 131

04236

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 316 West College Terrace

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 24 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Maryland

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 316 West College Terrace (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Alfred Westley Gaver

3 (b) If veteran, name war none

3 (c) Social Security No. None

4. Sex male

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of ~~husband~~ or wife Mary Lillian Mairs

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept 5 1876

8. AGE: Years 63 | Months 7 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace Middletown Frederick, Md (Town, county, and state)

10. Usual occupation County Tax Assessor

11. Industry or business

FATHER
12. Name George Gaver
13. Birthplace Middletown, Md.

MOTHER
14. Maiden Name Susan Bussard
15. Birthplace Middletown, Md.

16 (a) Informant Mary Lillian Gaver

(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/15/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Wood Lawn

Location Baltimore, Md

18 (a) Funeral director Harry E. Carty Co

(b) Address Frederick, Md.

19 (a) 14-Apr 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 12 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1939, to April 12 1940, and that I last saw him alive on April 12 1940

Immediate cause of death	Duration
Myocardial Insufficiency	1 yr.
Due to	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md. Date signed 4/14/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

04237

CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Mt St Marys College
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Near Emmitsburg Md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 43 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Near Emmitsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Mt St Marys College
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Bryning (Sister Mary Perpetua)
3. (b) Social Security Number no

4. Sex F
5. Color or race White
6.(a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 23 - 1865
8. AGE: Years 75 Months 2 Days 14 If less than one day hrs. min.
9. Birthplace Phila Penna (Town, county, and state)
10. Usual occupation Seamstress (Religious)
11. Industry or business —
FATHER 12. Name Jos Bryning
13. Birthplace Mass.
MOTHER 14. Maiden name Helen Tamey
15. Birthplace Mass.
16. Informant Rev Mother Superior
Address St Josephs Hosp. Baltimore Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6, 1940 (month) (day) (year)
Cemetery or crematory Mt. St. Marys College
Location Nr. Emmitsburg, Md.
18. Funeral director S. L. Allison
Address Emmitsburg, Md.
19. April 5 1940 (Date rec'd by registrar) M. P. Stuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 6:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31 1940, to April 4 1940, and that I last saw h alive on April 4 1940

	DURATION
Immediate cause of death Cardiac Collapse	
Due to Cancer of Stomach	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Patrick J. Masters, M. D. or other
Address Emmitsburg Md Date signed 4/6/40

RECEIVED
MAY 4 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d)

Reg. Dist. No. 131

04238

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 137 W. 3rd Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 W. 3rd. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Adaline Wickham Grove

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~: John W. Grove

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-10-1872

8. AGE: Years 68 | Months 7 | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick-Co.-Md. (Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business Home

FATHER
12. Name Louis A. Wickham
13. Birthplace Frederick-Co.-Md.

MOTHER
14. Maiden Name Winnie L. Young
15. Birthplace Frederick-Co.-Md.

16 (a) Informant Miss Edith Wickham
(b) Address 137 W. 3rd.-Frederick Md.

17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 4-10-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick, Md.

19 (a) 9-Apr-'40 (Date rec'd by registrar) (b) Ira J. McSherry Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 8 1940, at 6-15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to Apr 8 1940
and that I last saw ~~him~~ alive on Apr 6 1940.

Immediate cause of death Chronic myocarditis — Duration 10 yrs.

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. H. Cline M.D. (M. D. or other)
Address Frederick Md Date signed Apr 9 '40

RECEIVED
MAY 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04239

CERTIFICATE OF DEATH

Reg. Dist. No. 126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Mt. Ephraim, Md

(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: Ephraim Md. R. D.

Stay in hospital or Insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 mo 9

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Mt. Ephraim, Md Ward No.

(If outside city or town limits, write RURAL, NEAR and give town)

Street No. Ephraim, Md., R. D.

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charlotte Virginia Hackey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

B (b) Name of husband or wife

C (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1940

8. AGE: Years	Months	Days	If less than one day
0	1	9	hrs. min.

9. Birthplace Mt. Fredericks, Fred, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Jasper Brown

13. Birthplace Mt. Dickerson, Md

MOTHER 14. Maiden name Mary E. Hackey

15. Birthplace Frederick, Md. R. D. 4.

16. Informant Mrs. Marshall H. Hackey

Address Ephraim, Md.

17. Burial Date thereof 4/13/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Mt. Buckeystown, Md

18. Funeral director M. R. Elphinstone & Son

Address Frederick, Md.

19. 4/12 1940 G. C. Henderson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940, to April 12 1940, and that I last saw her alive on April 11 1940.

	DURATION
Immediate cause of death: Broncho-pneumonia	4/10/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Bailey, Jr. M.D.

M. D. or other

Address Buckeystown, Md Date signed 4/12/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04240

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D. #1 I.O.O.F. Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City ~~or town~~ Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3526 Buena Vista Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME: Mrs. Mary Carolina Harmon

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widow

6 (b) Name of husband ~~or wife~~ Andrew L. Harmon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 19, 1864

8. AGE: Years 75 | Months 6 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name George F. Granger
13. Birthplace Baltimore, Md

MOTHER
14. Maiden name Katherine Keys
15. Birthplace Baltimore, Md.

16. Informant I.O.O.F. Records
Address Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof April 10, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Cedar Hill Cemetery

Location Brookland Baltimore

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 9-ofc 40 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 9 50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 1940, to April 7 1940, and that I last saw her alive on April 7 1940.

Immediate cause of death: Cerebral Haemorrhage — DURATION: April 2

Due to: Arteriosclerosis

Due to:

Other conditions: Myocardial Insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE A. Austin Pearre M. D. or other
Address Frederick, Md Date signed 4/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04241

CERTIFICATE OF DEATH

Reg. Dist. No. 13/

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or Inst. (yrs., or mos., or days): 3days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Harmony - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Wesley Hartsock

3. (b) Social Security Number: NO

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Bertha M. Hartsock

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): July 11- 1867

8. AGE:

Years	Months	Days	If less than one day
72	8	25	hrs. min.

9. Birthplace: Myersville, Frederick County, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Theophilus Hartsock
13. Birthplace: Myersville, Md.

MOTHER
14. Maiden name: Susan Fisher
15. Birthplace: Myersville, Md.

16. Informant: Mrs. Bertha M. Hartsock
Address: Myersville Md.

17. Burial (Burial, cremation, or removal?) Date thereof Apr. 8- 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Cemetery

Location: Myersville, Md. (Church Hill)

18. Funeral director: Gladhill & Co.

Address: Middletown, Md.

19. 8- April 1940 (Date rec'd by registrar) Wm. J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1940 at 4-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 1940 to Apr 5 1940 and that I last saw him alive on Apr 5 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	2½ days
Due to Arteri-Sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. E. Harp M.D.
M. D. or other
Address: Middletown Date signed Apr 6 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (97)

04242

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Caswell W. Hoffman

3. (b) Social Security Number no

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Annie Lemon Hoffman
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 14 1864
8. AGE: Years 75 Months 11 Days 29 If less than one day hrs. min.
9. Birthplace Myersville, Md. (Town, county, and state)
10. Usual occupation Day Laborer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant Fred M. Hoffman
Address Middletown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15, 1940 (month) (day) (year)
Cemetery or crematory Lutheran Cemetery
Location Middletown, Md.
18. Funeral director Gladhill Co.
Address Middletown, Md.
19. 40 Apr 15 1940 (Date rec'd by registrar) D. Grayson Sommer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 8:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1938 to Apr 12 1940, and that I last saw him alive on Apr 12 1940.
Immediate cause of death
Due to
Due to arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Fractured leg Date of May 17 1938
Where did injury occur? Model Garage (City or town) Fred. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Model Garage
Means of injury Fall Injured at work? Yes

23. SIGNATURE J. E. Harp Md M. D. or other
Address Middletown Date signed 4-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14253

1. PLACE OF DEATH:
County Mt. Frederick
City or town Myersville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr. 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Myersville Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Janet Mae Hoffman

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	—

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 7, 1939

8. AGE: Years	Months	Days	If less than one day
1	0	25	hrs. min.

9. Birthplace Myersville Fred. Co. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Robert Hoffman
13. Birthplace Myersville, Md.

MOTHER
14. Maiden name Irene D. Kline
15. Birthplace Washington Co. Maryland

16. Informant Robert Hoffman
Address Myersville, Md.

17. Burial Date thereof April 4, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery ~~or crematory~~ Lutheran Cemetery
Location Myersville
18. Funeral director Gladhill Co.
Address Middletown, Md.

19. Apr. 4 1940. William S. Wachtel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1940 to Apr 1 1940, and that I last saw h alive on Apr 1 1940.

Immediate cause of death	DURATION
Broncho Pneumonia	12 days
Due to	
Due to Whooping Cough	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. E. Harp M.D.
M. D. or other
Address Middletown Date signed 4-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 48

Reg. Dist. No. 145

CERTIFICATE OF DEATH

04244

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural Myersville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Nr Ellerton
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 3 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Rural Myersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Nr. Ellerton
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Hattie Belle Howdyshell

3 (b) If veteran, name war —

3 (c) Social Security State of Virginia No. 225-01-4853

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward Howdyshell

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug 16 1899

8. AGE: Years	Months	Days	If less than one day
50	7	27	— hr. — min.

9. Birthplace Spring Creek Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Wm Smallwood
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Knicely
15. Birthplace Va.

16 (a) Informant Edward Howdyshell
(b) Address Myersville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Grossnickles
Location Nr. Ellerton Fred Co. Md

18 (a) Funeral director Thos Gitt & Son
(b) Address Myersville Md.

19 (a) 4/15/40 (Date rec'd by registrar) William D. Wachtel Registrar

MEDICAL CERTIFICATION

20. Date of death 4/13/40 19— at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1939 to April 10 1940 and that I last saw ~~him~~ her alive on April 10 1940.

Immediate cause of death	Duration
Carcinoma of uterus	about 18 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. E. Harp M.D. M. D. or other
Address Middletown Date signed 4-15-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04245

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days) 2Yrs 26Days
Stay in this community (yrs., or mos., or days) 2Yrs 26 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Crownsville. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Raymond Hoye

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 29 1900

8. AGE: Years	Months	Days	If less than one day
39	7	15	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Vachael Hoye
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Cecelia Benson.
15. Birthplace: Maryland.

16. Informant: Raymond Hoye
Address: Crownsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 21 1940 (month) (day) (year)
Cemetery or crematory: Montivue Cem
Location: Frederick. Co Md.

18. Funeral director: M.L.Creager
Address: Thurmont, Md.

19. 4/18/1940 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 1938 to April 13 1940
and that I last saw him alive on April 13 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 Yrs.

Due to: Tubercle Bacilli

Due to:

Other conditions: Spontaneous Pneumothorax
Tuberculous Empyema
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John E. Faulkner M.D.
M. D. or other
Address State Sanatorium Md. Date signed 4/15/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48E)

Reg. Dist. No. 13

CERTIFICATE OF DEATH

04246

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) ~~City~~ or town Middletown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Johnson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race Col.

6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of husband or ~~wife~~ Charles Johnson

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15. 1870

8. AGE: Years 70 | Months 1 | Days 20 | If less than one day ____hr. ____min.

9. Birthplace Frederick Co, Md (Town, county, and state)

10. Usual occupation House-work

11. Industry or business Own home

FATHER
12. Name Lewis Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Cartwaid
15. Birthplace Md.

16 (a) Informant Miss Adelsberger. Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cemetery - Fairview
Location Frederick, Md.

18 (a) Funeral director Gladhill & Co
(b) Address Middletown, Md

19 (a) 9-Apr-'40 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 5 1940 at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1940, to April 5 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death	Duration
Carcinomia of	?
Due to Uterus	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B L Thomas M. D. or other
Address Frederick, Md Date signed 4/6/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04248

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) ~~City~~ or town Middletown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Lloyd Kepler

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: Male | 5. Color or race: white | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widowed

6 (b) Name of ~~husband~~ or wife: Cornelia Kepler

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1853

8. AGE: Years: 86 | Months: 5 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Middletown Md. Rural (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Wholesaler, School Teacher

FATHER
12. Name: Henry Kepler
13. Birthplace: Middletown, Md.

MOTHER
14. Maiden Name: Amanda Sanners
15. Birthplace: Middletown, Md.

16 (a) Informant: Charles Kepler
(b) Address: Middletown, Md.

17 (a) Burial, ~~cremation or removal~~ (b) Date thereof: April 13 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Lutheran Cemetery
Location: Middletown, Md.

18 (a) Funeral director: Gladhill Co.
(b) Address: Middletown, Md.

19 (a) 12-April-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 10 1940 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1937 to April 10 1940 and that I last saw him alive on April 10 1940.

Immediate cause of death: Lobar Pneumonia — Duration: 4 days
Due to: Pneumococcus Type III
Due to:
Other conditions: Neuralgia Arteriosclerosis — Duration: 10 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Richard I. Todd, M. D. or other
Address: Middletown, Md. Date signed 4/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04249

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or town~~ Fountain Mills, Md. - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Baby~~ Joyce Lawson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race white

6 (a) Single, ~~married, widowed, or divorced.~~ single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 - 1940

8. AGE: Years | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Md. - Frederick Co (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Mr. Windsor Lawson

13. Birthplace Md

MOTHER

14. Maiden Name Ruby Myrtle Thompson

15. Birthplace Md

16 (a) Informant Mrs Ruby M Thompson Lawson

(b) Address Monrovia Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 9/1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Family Burying Ground

Location Near Fountain Mills

18 (a) Funeral director W. E. Falconer

(b) Address New Market Md

19 (a) 4-April-1940 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 4 1940 at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1940, to Apr 4 1940 and that I last saw him alive on Apr 3 1940

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 3 Dos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H J Mehr M. D. or other

Address Frederick Md Date signed 4/4/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04250

(9)

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County: Frederick

City or town: Myersville, Md RFD
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Myersville, Md RFD Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Bobbie Lee Lewis

3. (b) Social Security Number: No.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 3-1934

8. AGE: Years: 5 Months: 8 Days: 6 If less than one day ____ hrs. ____ min.

9. Birthplace: Myersville Frederick County, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Lester L. Lewis
13. Birthplace: Myersville, Md RFD

MOTHER
14. Maiden name: Leona Smith
15. Birthplace: Myersville, Md.

16. Informant: Mrs. Lester Lewis
Address: Myersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 11 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Pleasant Walk

Location: Myersville, Md

18. Funeral director: Gladhill Co.
Address: Middletown, Md

19. April 11 1940 (Date rec'd by registrar) William S. Wachtel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 9 1940, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19 to 19 and that I last saw h alive on 19

Immediate cause of death: in last 3 yrs. not known

Due to: Child had whooping cough and died of same. C.W.S.P.

Due to: No physician in attendance.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

DURATION: not known

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. Elmer Harp MD
M. D. or other

Address: Middletown Date signed: 4-9-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04251

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:
County Frederick New Midway
City or town Rural Near ~~Woodsboro~~
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Rural Nr. Woodsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Martin
3. (b) Social Security Number none

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife David E. Martin
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 5 - 1850
8. AGE: Years 90 Months 0 Days 9 If less than one day hrs. min.
9. Birthplace Pine Grove Penna
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name John H. Holtz
13. Birthplace Germany
MOTHER 14. Maiden name Rachael Donnelly
15. Birthplace Penna
16. Informant Mrs Howard Engle
Address Keymar Md
17. Burial Date thereof Apr. 18-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lewistown Cemetery
Location Lewistown Md
18. Funeral director M L Creager & Son
Address Thurmont Md
19. 4/16 1940 L C Pausse
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 12-15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Was Dead 19 to 19
and that I last saw h alive on when I saw her 19

Immediate cause of death	DURATION
Arteriosclerosis	
Due to	
Due to History of Cold & Gripp	1 Week
Other conditions	

(Include pregnancy within 3 months of death)
Major findings: ✓
Of operations
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ✓ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury none Injured at work? ✓

23. SIGNATURE C. A. Stultz M. D.
M. D. or other
Address Woodsboro Md. Date signed 4-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93d

Reg. Dist. No. 137

04252

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Libertytown Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 75 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie V. Metcalfe

3 (b) If veteran, name war
3 (c) Social Security No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1850

8. AGE: Years 90 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Retired Housekeeper

11. Industry or business Home

FATHER
12. Name Nicholas H. Metcalfe
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Elizabeth Favorite
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Dr. O. B. Stone
(b) Address Libertytown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 17-40 (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Liberty Town Md.

18 (a) Funeral director C. E. Eline & Son
(b) Address Frederick Md.

19 (a) Apr 16 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1940, at 1.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 1940, to Apr 15 1940, and that I last saw him alive on Apr. 14 1940.

Immediate cause of death	Duration
Acute Bronchitis	3 weeks
Due to Cerebral Hiromboris	10 days
Due to Chronic Myocarditis	7 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Otis B. Stone M. D. (M. D. or other)
Address Libertytown Md. Date signed Apr. 16

RECEIVED
MAY 4 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83-a

04253

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Peterville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Petersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mollie Jane Metz

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife William Metz

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1855

8. AGE: Years 84 Months 8 Days 4 If less than one day hrs. min.

9. Birthplace Hagerstown - Wash. - Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jim Wolfe
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant Mrs. Nellie Schroyer
Address Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 (month) 21 (day) 1940 (year)

Cemetery or crematory Mt. Briar

Location Same

18. Funeral director R. I. Earnshaw
Address Keedysville, Md.

19. April 20 1940 (Date rec'd by registrar) Geo H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 1940, to April 19 1940, and that I last saw her alive on April 19 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 2 days

Due to Hypertension

Due to

Other conditions Large ovarian cyst
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Schroyer M. D. or other
Address Brunswick Date signed 4/20/41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04254

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Rocky Ridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 50yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Rocky Ridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Ira J. Miller

3. (b) Social Security Number: 212-14-7820

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emily Jane Waters

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 19th. 1878

8. AGE: Years 61 Months 9 Days 6 If less than one day ____ hrs. ____ min.

9. Birthplace: Rocky Ridge. Fredk Co. MD
(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business

FATHER
12. Name: Jacob. Miller
13. Birthplace: Frederick Co. MD

MOTHER
14. Maiden name: Martha Whitmore.
15. Birthplace: Fredk Co. Md

16. Informant: Elmer I. Miller
Address: Rocky Ridge MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April.28-1940 (month) (day) (year)

Cemetery or crematory: Mt. Tabor Cemetery.

Location: Rocky Ridge. MD

18. Funeral director: M. L. Creager & Son.

Address: Thurmont. MD

19. April 27 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1940, at 9.15 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~

and that I last saw him ~~alive~~ dead on April 25 1940.

Immediate cause of death: Coronary T Vomborsis — Immediate

Due to: arteriosclerotic — Unknown
heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. W. Baer Deputy Med. Examiner
M. D. or other

Address: Frederick, Md. Date signed 4-25-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04255

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5Mos 1Day

Stay in this community (yrs., or mos., or days): 5Mos 1Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Carroll.

City or town: Westminster. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 41 Liberty St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry B. Moore.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Esther O Moore.

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): April 23 1893

8. AGE:

Years	Months	Days	If less than one day
47	0	2	____ hrs. ____ min.

9. Birthplace: Taylorsville Md.
(Town, county, and state)

10. Usual occupation: Rwy. Express Clerk

11. Industry or business:

FATHER — 12. Name: Thomas G. Moore.

13. Birthplace: Newport Md.

MOTHER — 14. Maiden name: Belle Koontz

15. Birthplace: Newport Md.

16. Informant: Harry B Moore.

Address: Westminster. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 28 1940 (month) (day) (year)

Cemetery or crematory: Lorraine Cem.

Location: Baltimore. Md.

18. Funeral director: David Bankerd

Address: Westminster. Md.

19. 4/25/1940 (Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1940 A.M. 6.40

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 24 1939, to April 25 1940, and that I last saw him alive on April 25 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): _____

Means of injury: _____ Injured at work?

23. SIGNATURE: John E. Hodgkiss M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 4/26/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04256

STATE OF MARYLAND—CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village or City~~ Frederick, Rural No. Emergency Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 week How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Murphy If U. S. Veteran, specify WAR none

(a) Residence: No. Trenton N.J. St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) May 6, 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Joseph Murphy

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Julia Maher

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emily Adelsberger R.N. (Address) Emergency Hospital Frederick

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Montrose Date Apl. 22nd 1940

19. UNDERTAKER C. E. Cline & Son (Address) Frederick Md.

20. FILED 22 April, 1940 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 19 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1940, to April 19, 1940

I last saw him alive on April 19, 1940; death is said to have occurred on the date stated above, at 6 30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6 mo. +
Cancer of the stomach. C.W.R. Duration: One year.	

Other Contributory Causes of Importance:

Possible carcinomatosis of stomach

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify ____

(Signed) B. Thomas M. D.

(Address) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 8 1940 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04257

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural--Nr. Reels Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Reels Mills
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Ira Eugene O'Bryan

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ada Studebaker

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1885

8. AGE: Years 54 Months 8 Days 7 If less than one day hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Railroad Hostler

11. Industry or business B & O Railroad

FATHER
12. Name Charles E. O'Bryan
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden name Martha Jane Crummitt
15. Birthplace Frederick County Maryland

16. Informant Mrs. Charles Tinney
Address S. Franklin St., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/12/40 (month) (day) (year)

Cemetery or crematory Mount Olivet

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. April 11 1940 (Date rec'd by registrar) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw him alive on dead on April 10th 1940

Immediate cause of death Coronary thrombosis

Due to arteriosclerotic heart disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE R. W. Baer M. D. or other
Address Frederick, Md. Date signed 4-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

04258

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
County: Fredrick
City or town: Rural, near Emmitsburg, Md,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Fredrick
City or town: near Emmitsburg, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Katherine M. ODonaghue

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fm	white	single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): November 16, 1866

8. AGE: Years	Months	Days	If less than one day
73	5	14	hrs. min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Michael ODonaghue
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Eague
15. Birthplace: Ireland

16. Informant: Thomas J Norris
Address: Mt St Mary's Emmitsburg

17. burial (Burial, cremation, or removal. Which?) Date thereof May 3, 1940 (month) (day) (year)
Cemetery or crematory: Mt, St, Marys
Location: Emmitsburg, Md.

18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.

19. May 3 1940 (Date received by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 30 1940, at 2 39 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1939, to Apr 30 1940, and that I last saw h alive on May 1940

Immediate cause of death	DURATION
Carcinoma of the bowel (Sigmoid colon)	8 mos
Due to —	
Other conditions	
Due to Contral Hemorrhages (Some of them)	1 yr
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury Injured at work?

23. SIGNATURE: James H Gray M.D. M. D. or other
Address: Thurmont Md Date signed 5/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

04259

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Carroll

(c) ~~City~~ or town Taneytown (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mrs. Mary C. Ohler

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband or ~~wife~~ Mr. Elmer Ohler

6. (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1913

8. **AGE:** Years: 27 yrs. Months: 1 Days: 27 If less than one day ____ hr. ____ min.

9. Birthplace Ladiesburg, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Andrew Bowers

13. Birthplace Penna.

MOTHER

14. Maiden Name Minnie C. McKinney

15. Birthplace Md.

16 (a) Informant Elmer A. Ohler

(b) Address Taneytown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Haugh's Mt. Zion

Location Nr. Ladiesburg

18 (a) Funeral director C. O. FUSS & SON

(b) Address Taneytown, Md.

19 (a) 10-apr (Date rec'd by registrar) (b) Ira J. McSherry Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 8 1940, at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1940, to Apr 8 1940, and that I last saw ~~her~~ alive on April 8 1940.

Immediate cause of death	Duration
Pneumonia Broncho	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature E P Shower M. D. or other

Address Frederick Md Date signed apr 9 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAY 8 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (4)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

04260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 340 Park ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 28 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Lydia R. Peare

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife:
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 18-1869

8. AGE: Years 71 | Months 0 | Days 30 | If less than one day ____ hr. ____ min.

9. Birthplace Montgomery Co. Md. (Town, county and state)
10. Usual occupation Retired Housekeeper
11. Industry or business Home

FATHER
12. Name James Peare
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Ann Rebecca McLaskmutt
15. Birthplace Frederick Co. Md.

16 (a) Informant Miss Nellie Peare
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-20-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 20 April, 1940 (Date rec'd by registrar) (b) Dean J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1940, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1940, to April 17 1940, and that I last saw him alive on April 17 1940.

Immediate cause of death	Duration
Coronary Occlusion	4/14/40
Due to Arteriosclerosis	
Due to	
Other conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Austin Peare M. D. or other
Address Frederick, Md Date signed 4/18/40.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04261

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 615 Kline Hart's Alley (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Pendelton

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race Col

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 1, 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hr. 0 min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation New Born

11. Industry or business

FATHER
12. Name George Temple
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Alice Pendelton
15. Birthplace Frederick, Md.

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 2 (day) 40 (year)

(c) Cemetery or ~~crematory~~ Farmers Cemetery

Location Near Frederick.

18 (a) Funeral director Conrad Funeral Home.

(b) Address Frederick Md.

19 (a) 1-Apr-'40 (Date rec'd by registrar) (b) Jas J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 1940, at 2:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 1940, and that I last saw ~~him~~ alive on Still born

Immediate cause of death Still born

Due to (7 1/2 mos.)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick, Md Date signed 4/1/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04262

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick.
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 Mo 1 Day
Stay in this community (yrs., or mos., or days): 1 Mo 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2116 E. Pratt St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Walter Przybyszewski

3. (b) Social Security Number: 216-07-9771

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Bertha Przybyszewski
6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Feb. 20 1883

8. AGE: Years	Months	Days	If less than one day
57	2	10	____ hrs. ____ min.

9. Birthplace: Poland (Town, county, and state)
10. Usual occupation: Tailor.
11. Industry or business:

FATHER
12. Name: John Przybyszewski
13. Birthplace: Poland

MOTHER
14. Maiden name: ----------?
15. Birthplace: Poland

16. Informant: Walter Przybyszewski
Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Unknown (month) (day) (year)
Cemetery or crematory: Unknown
Location: Unknown
18. Funeral director: W. L. Creager & Son
Address: Thurmont, Md.
19. 4/25/1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30 1940 4.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1940 to April 30 1940, and that I last saw him alive on April 30 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 Mos
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Hoffacker M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 4/30/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

04263

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in this community (yrs., mos., or days) 67 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Near Taneytown - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. ____ (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles E Reck

3 (b) If veteran, name war: none

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or ~~divorced~~: Single

6 (b) Name of husband or wife: None

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 31 1870

8. AGE: Years 70 | Months 0 | Days 28 | If less than one day: ____ hr. ____ min.

9. Birthplace Maryland (Town, county and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Charles Reck

13. Birthplace Md

MOTHER 14. Maiden Name Annie E Coe

15. Birthplace Md

16 (a) Informant Harry E Reck

(b) Address Taneytown Md

17 (a) Burial (Burial, cremation or removal)

(b) Date thereof April 5 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Reformed

Location Taneytown Md

18 (a) Funeral director C O Russ & Son

(b) Address Taneytown Md

19 (a) 5-April-1940 (Date rec'd by registrar) (b) Ira J. McCleaf Registrar

MEDICAL CERTIFICATION

20. Date of death April 2 1940, at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1940, to April 2 1940, and that I last saw him alive on April 2 1940.

Immediate cause of death	Duration
Uraemia	
Due to Chronic Nephritis	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J P Thomas M. D. or other

Address Apr 2 40 Date signed Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

04264

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Braunsdale (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emmitsburg Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Fred.
(c) City or town Dickerson Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Arthur Redmond

3 (b) If veteran, name war —

3 (c) Social Security No. 212-18-3445

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 29 1920

8. AGE: Years 20 | Months 0 | Days 28 | If less than one day ____hr. ____min.

9. Birthplace Dickerson (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Lash Redmond
13. Birthplace Dickerson Md.

MOTHER 14. Maiden Name Mollie Bussard
15. Birthplace Maryland

16 (a) Informant Lash Redmond
(b) Address Dickerson Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 30 40 (month) (day) (year)
(c) Cemetery or crematory Poole Track
Location Dickerson Md.

18 (a) Funeral director William B Hilton
(b) Address Barnesville Md.

19 (a) 4-30-1940 (Date rec'd by registrar) (b) Chas H. L. Hodges Registrar

MEDICAL CERTIFICATION

20. Date of death April 28 1940, at 3.30 A.M

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ from ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ dead on April 28 1940.

	Duration
Immediate cause of death Hemorrhage	20 min
Due to Shock	20 min
Due to Auto accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 28, 40.
(c) Where did injury occur? Frederick Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Highway (Specify type of place) While at work?
(e) Means of injury Automobile accident

23. Signature A. W. Burr. Dept Med Ex. M. D. or other
Address Frederick Md. Date signed 4.28.40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04205

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or town~~ Burkittsville Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? Nov years

3 (a) FULL NAME Clinton Remsberg.

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced.~~ Widowed

6 (b) Name of ~~husband~~ or wife Amanda Remsberg

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1852

8. AGE: Years 82 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name Josephus Remsberg
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Crone
15. Birthplace Md.

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital Frederick, Md

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Apr. 16 - 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Burkittsville

Location Burkittsville, Md.

18 (a) Funeral director Glashill Co.

(b) Address Middletown, Md.

19 (a) 15 Apr (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 13 1940, at 12 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1939, to April 13 1940, and that I last saw him alive on April 13 1940.

Immediate cause of death Septicemia with Kidney involvement — Duration year

Due to Old prostatomy with

Due to an open abdominal incision — 3 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed 4/15/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County: Fredrick

City or town: Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 69 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Fredrick

City or town: Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs Blanche Gilbert Rhodes

3. (b) Social Security Number: 220- 07- 1583

4. Sex: Fm

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Lewis Rhodes

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 13, 1870

8. AGE: Years: 69 Months: 5 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Fredrick, Co, Md.
(Town, county, and state)

10. Usual occupation: Work in sewing factory

11. Industry or business

FATHER
12. Name: Joseph Byers
13. Birthplace: Carroll Co, Md.

MOTHER
14. Maiden name: Ella Gilbert
15. Birthplace: Caroll Co, Md.

16. Informant: Carrie J Byers
Address: Emmitsburg, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: April 28, 1940 (month) (day) (year)

Cemetery or crematory: Mountain View

Location: Emmitsburg, Md.

18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.

19. April 27 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1940, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19__, to April 25 1940, and that I last saw her alive on April 25 1940.

Immediate cause of death: Cardiac dilatation — DURATION: 1 day

Due to: Chronic myocarditis several years

Due to:

Other conditions: Bronchial Asthma - several years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. R. Dadle M D
M. D. or other

Address: Emmitsburg Md Date signed: 4-26-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04267

131

Reg. Dist. No. 144

1. PLACE OF DEATH: Frederick
County Thurmont
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence Hayes Roach

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Joseph E. Roach
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 3rd. 1854

8. AGE: Years 85 | Months 11 | Days 2 | If less than one day hrs. min.

9. Birthplace Brooklyn. N.Y
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Henry G. Hayes
13. Birthplace Ireland

MOTHER
14. Maiden name Mary Hughes
15. Birthplace Ireland

16. Informant Rev. Edw. H. Roach
Address Thurmont. MD
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 9th. 40 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Washington. D.C.
18. Funeral director M. L. Creager & Son.
Address Thurmont. MD
19. April 8 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th. 1940 4;10 P:M 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24 1939, to April 5th 1940, and that I last saw her alive on April 5th 1940.

Immediate cause of death Chronic Myocarditis — DURATION 2 yrs
Due to Chronic Nephritis
Due to
Other conditions Chronic Arterial Sclerosis — 5 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Morris A. Bird MD
M. D. or other
Address Thurmont Md Date signed 4/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 14 5

CERTIFICATE OF DEATH

04268

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural Myersville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 42 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Rural Myersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Nat. Myersville
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Bittle Routzahn

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Franklin M. Routzahn

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1864

8. AGE: Years 76 | Months 3 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Ellerton Fred Co. Md
(Town, county, and state)

10. Usual occupation Domestic House wife

11. Industry or business Own home

FATHER
12. Name Elias S. Routzahn
13. Birthplace near Myersville, Maryland

MOTHER
14. Maiden Name Malinda Bittle
15. Birthplace near Myersville Maryland

16 (a) Informant Mrs. Rena Eldridge
(b) Address Myersville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1940 (month) (day) (year)
(c) Cemetery or crematory St Pauls Luth.
Location Myersville Md

18 (a) Funeral director J. Thos Bittle & Son
(b) Address Myersville Md

19 (a) May 1 1940 (Date rec'd by registrar) (b) William S. Wachtel Registrar

MEDICAL CERTIFICATION

20. Date of death April 30 1940, at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 13 1940, to Apr 29 1940, and that I last saw ~~him~~ her alive on Apr 29 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	16 days
Due to	
Due to Arteriosclerosis & Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Elmer Harp MD
M. D. or other
Address Middletown Date signed 4-30-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04269

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick (93rd) Registration Dist. No. 137

Village or City Linganora No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Ruby

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Ruby

6. DATE OF BIRTH (month, day, and year): Feb 17th

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): April 1928

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Randolph Horton

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Crabbs

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Mrs Joseph Stine

(Address) Keymar Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Grove Date April 9th, 1940

19. UNDERTAKER: Powell & Albaugh

(Address) Libertytown, Md

20. FILED April 8, 1940 W. D. Cerfman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1940 to April 6, 1940

I last saw her alive on April 6, 1940; death is said to have occurred on the date stated above, at 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Other Contributory Causes of importance:	
Cardiac Asthma	1 wk.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Stanley Gabrill M. D.

(Address) Mt Airy, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 131

04270

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 E. 4th
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Boy. Shafer.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1940

8. **AGE:** Years 0 | Months 0 | Days 0 | If less than one day 0 hr. 0 min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation New born

11. Industry or business

FATHER
12. Name Richard Lewis Shafer
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Esther Eloine Knode
15. Birthplace Washington Co. Md

16 (a) Informant E. Adelsberger Emergency
(b) Address Hospital Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-3-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Frederick Memorial
Location West of Frederick, Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 3-April-1940 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 2 1940, at 2 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 2 1940, and that I last saw him still born April 2 1940.

Immediate cause of death Still born

Due to Premature (6 mo)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed 4/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

04271

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED
(a) State Md. (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 E 4th (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Shafer.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 0 hr. 0 min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation New born

11. Industry or business

FATHER
12. Name Richard Lewis Shafer.
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Esther Elaine Knode
15. Birthplace Washington Co. Md.

16 (a) Informant Adelaperger Emergency
(b) Address Hospital Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Frederick Memorial
Location West of Frederick Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) 3-April-1940 (Date rec'd by Registrar) (b) Jno. J. McSherry Registrar

MEDICAL CERTIFICATION

20. Date of death April 2 1940, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 2 1940, and that I last saw him alive on April 2 1940. Still born

Immediate cause of death	Duration
Still born	
Due to Premature (6mo)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas M. D. or other
Address Frederick Md Date signed 4/2/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1940
BUREAU OF S.

#3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04272

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 E 4th
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby girl Shafer.

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female
5. Color or race White
6 (a) Single, ~~married, widowed, or divorced~~. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1940

8. **AGE:** Years | Months | Days | If less than one day ___ hr. 0 min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation New Born

11. Industry or business

FATHER
12. Name Richard Lewis Shafer
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Esther Elaine Knode
15. Birthplace Washington Co. Md

16 (a) Informant E. Adelsberger Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial (b) Date thereof 4-3-40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Frederick Memorial
Location West Frederick, Md.

18 (a) Funeral director C. E. Clim + Son
(b) Address Frederick, Md.

19 (a) 3-April-1940 (b) Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death April 2 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 2 1940, and that I last saw him alive on still born April 2 1940.

Immediate cause of death Still born
Due to Premature (6 mo)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas
M. D. or other
Address Frederick, Md Date signed 4/2/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

04273

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary L. Shafer

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1893

8. AGE: Years	Months	Days	If less than one day
47	2	4	hrs. min.

9. Birthplace Middletown, Md
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Josephus Shafer
13. Birthplace Middletown, Md.

MOTHER
14. Maiden name Ida M. Kefauver
15. Birthplace Middletown, Md.

16. Informant Josephus Shafer
Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 23 1940 (month) (day) (year)
Cemetery or crematory Reform Cemetery
Location Middletown, Md.
18. Funeral director Gladhill Company
Address Middletown, Md.

19. Apr 23 1940 (Date rec'd by registrar) D. Grayson Summers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19, and that I last saw h alive on 19.

	DURATION
Immediate cause of death: Died during convulsive Seizure.	
Due to	
Due to Probably Epileptic	
Other conditions Has had convulsions for 40 yrs - Patient insane.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Elmer Harp. M.D.
M. D. or other
Address Middletown Date signed 4-23-40

RECEIVED
MAY 8 1940
BUREAU V. S.

04274

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 307 W. College Terrace

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 307 W. College Terrace
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mabel Florence Shaw

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or ~~wife~~ Rev. George W. Shaw

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 13, 1856

8. AGE: Years 83 | Months 11 | Days 28 | If less than one day ____ hrs. ____ min.

8. Birthplace Hebron Maine
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER
12. Name John Harlow
13. Birthplace Hebron Maine

MOTHER
14. Maiden name Elizabeth Holt
15. Birthplace Bangor Mass.

16. Informant Dr. Ester E. Shaw
Address 307 W. College Terrace-Fred'k, Md.

17. Cremation
(~~Burial~~, cremation, or ~~removal. Which~~?)
Date thereof 4/15/40 (month) (day) (year)

~~Cemetery~~ or crematory Fort Lincoln
Location Bladensburg, Maryland

16. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 12-Apr- 1940 (Date rec'd by registrar) J. M. Cundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th, 1940 10:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to April 11 1940, and that I last saw her alive on April 11 1940.

Immediate cause of death: Coronary Occlusion — DURATION: 2 mo.

Due to: Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE A. Austin Pearre, M.D.
M. D. or other
Address Frederick, Md. Date signed 4/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
BUREAU V. S.

Original

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04275

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 11Mos 27Days

Stay in this community (yrs., or mos., or days): 11 Mos 27 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 641 McKewin Ave.
(if rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William E. Sheehan.

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 28 1905

8. AGE: Years 34 | Months 11 | Days 14 | If less than one day: hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Stock-Clerk

11. Industry or business:

FATHER
12. Name: Dennis J. Sheehan
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Mary A. Brown.
15. Birthplace: Baltimore. Md.

16. Informant: William E. Sheehan
Address: Baltimore. Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Parkmore

Location: M.L. Crescent Sow

18. Funeral director: Thurmont Md

Address: 4/11/1940

19. 4/11/1940 19
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 1940, at 12.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1939, to April 11 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 Yrs.

Due to: Tubercle Bacilli

Due to:

Other conditions: Genito-Urinary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings: Cold Abscess

Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature], M.D.
M. D. or other

Address: Ford Sanatorium Md. Date signed: 4/12/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 13 1940
BUREAU V. S.

04276

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (97)

County Frederick Registration Dist. No. 140

Village or City near Woodsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Victoria Smith If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John Luther Smith

6. DATE OF BIRTH (month, day, and year) Sept. 12. 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Woodsboro (State or country) Md.

FATHER

13. NAME Owen Ledwidge

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Lucy Bowers

16. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.

17. INFORMANT Mrs. Wilbur Spies (Address) Woodsboro, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Hope Cem. Woodsboro Md. Date Apr. 29, 1940

19. UNDERTAKER Powell & Baugher (Address) Woodsboro, Md.

20. FILED Apr. 29, 1940. L. C. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1940, to Apr. 27 —, 1940

I last saw her alive on Apr. 26, 1940; death is said to have occurred on the date stated above, at 9:15 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	History of about 20 yrs.
(Senile)	

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Not Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Stultz M. D.

(Address) Woodsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04277

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Wilson Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Carroll

(c) ~~City or town~~ Ridgeville, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. ——
(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Charles Henry Smith

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of ~~husband or~~ wife Mary Ann Smith

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) May 4 - 1862

8. AGE: Years 77 | Months 11 | Days 8 | If less than one day ——— hr. ——— min.

9. Birthplace Ridgeville Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Thomas Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Harrison
15. Birthplace Maryland

16 (a) Informant Mrs. Orin Lease
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-15-40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Pine Grove
Location Mt. Airy - Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) 15-April-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 12 1940, at 8 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to April 12 1940, and that I last saw him alive on April 12 1940

Immediate cause of death Myocardial Insufficiency — Duration 3 mo.

Due to

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md Date signed 4/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-01

04278

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 31 Winchester St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 31 Winchester St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Hattie Edith Smith

3. (b) Social Security Number none

4. Sex male

5. Color or race white

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ married

6 (b) Name of husband or ~~wife~~ John L. Smith

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1884

8. AGE: Years 56 Months 1 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Nr. Myersville, Fred., Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harvey O. Ridenour,
13. Birthplace Nr. Myersville, Md.

MOTHER
14. Maiden name Emma Warner,
15. Birthplace Nr. Myersville, Md.

16. Informant John L. Smith,
Address Frederick, Maryland

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof 4 / 23 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.

1922 - Apr. 1940
(Date rec'd by registrar)

J. M. Cundy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st., 1940, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1940, to Apr 21 1940, and that I last saw her alive on April 20 1940.

Immediate cause of death Cerebral apoplexy — DURATION a week

Due to Arterio Sclerosis — 1 to 2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. G. Bourne Sr.
M. D. or other

Address Frederick, Md. Date signed 22-4-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

04279

CERTIFICATE OF DEATH

Reg. Dist. No. 135

1. PLACE OF DEATH:
County Frederick
City or town Smithsburg, RFD
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 68 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Smithsburg, RFD Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Emma Cora Stottlemyer

3. (b) Social Security Number No

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~ Walter L. Stottlemyer
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) July 23 - 1871

8. AGE: Years 68 | Months 8 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace Foxville, Frederick County, Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Ephraim Hauver
13. Birthplace Foxville, Md
MOTHER
14. Maiden name Ellen Gordon
15. Birthplace Foxville, Md
16. Informant Dr. Staton
Address Myersville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 4 - 1940 (month) (day) (year)
Cemetery or crematory Lutheran Cemetery
Location Wolfsville, Md.
18. Funeral director Gladhill Co.
Address Middletown, Md.
19. April 4 1940 (Date rec'd by registrar) Charles L. Leatherman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1940, at 10 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to Apr. 1 1940, and that I last saw her alive on Apr. 1 1940.
Immediate cause of death Auricular fibrillation
Due to Chronic Myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: few days; several years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. V. Staton M.D. M. D. or other
Address Myersville, Md Date signed 4-2-'40

RECEIVED
MAY 2 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 140

CERTIFICATE OF DEATH

04280

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town LeGore
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town LeGore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Flossie Mae Stottlemyer

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elmer C.

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan 9. 1894

8. AGE: Years 46 | Months 3 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

FATHER
12. Name John W. Crouse
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah C. Eyler
15. Birthplace Md.

16 (a) Informant Elmer C. Stottlemyer
(b) Address LeGore. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 14. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location LeGore Md.

18 (a) Funeral director Burall & Baugher
(b) Address Woodsboro Md.

19 (a) Apr. 14. 1940 (Date rec'd by registrar) (b) L. C. Burall Registrar

MEDICAL CERTIFICATION

20. Date of death April 11 1940 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1940 to April 11 1940, and that I last saw him alive on April 1, 1940

Immediate cause of death	Duration
Apoplexy	
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Day M.D.
M. D. or other

Address Walkersville, Md Date signed Apr 13 '40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04281

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick.
City or town: Union Bridge, ~~or~~ Rural.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick.
City or town: Union Bridge. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Union Bridge - Liberty Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward Stultz.

3. (b) Social Security Number: 218-07-1981

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Effie Barnhart.
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Oct. 8. 1871

8. AGE: Years	Months	Days	If less than one day
68	5	24	hrs. min.

9. Birthplace: Union Bridge, Carroll Co. Md.
(Town, county, and state)
10. Usual occupation: Yard Man.
11. Industry or business: Cement Plant.
FATHER 12. Name: David Stultz.
13. Birthplace: Maryland.
MOTHER 14. Maiden name: Elizibeth Fillinger.
15. Birthplace: Maryland.
16. Informant: Effie Stultz.
Address: Union Bridge. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: April 5: 1940 (month) (day) (year)
Cemetery or crematory: Lutheran Cemetery.
Location: Uniontown. Md.
18. Funeral director: D. D. Hartle & Sons.
Address: Union Bridge, Md.
19 Apr 4 (Date rec'd by registrar) 19 40 W R Curtsinger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-7- 1940, at 6 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-1 1939 to 4-2 1940 and that I last saw him alive on 4-2 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: D H Legg M. D. or other
Address: Union Bridge Date signed: 4-3-40

RECEIVED
MAY 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-B)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

04282

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Rural - Old Braddock
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural - Old Braddock
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 miles West of Frederick
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John William Barnes Summers

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband~~ or wife Grace Baker Summers
6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb. 26-1879

8. AGE: Years 61 | Months 2 | Days 1 | If less than one day — hr. — min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name Wm. H. Summers
13. Birthplace Middletown Valley - Md.

MOTHER
14. Maiden Name Clara Barnes
15. Birthplace Frederick, Md.

16 (a) Informant Mrs. Grace B. Summers
(b) Address Old Braddock, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-30-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Md.

19 (a) 30-April-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 27th 1940 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to April 27 1940 and that I last saw him alive on April 27 1940

Immediate cause of death Coronary Thrombosis — Duration July 1939
Due to Arteriosclerosis — July 1939
Due to Neurasthenia to Bladder
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Urinal Prostate
Of operations Coronary
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Hedges M. D. or other
Address Frederick Date signed April 29th 1940
Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Hughes

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04283

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 45 min

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City~~ or town Centersville Md Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. Mr. Urbana, Md
(If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Betty Jane Thompson

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex female

5. Color or race Colored

6 (a) Single, ~~married, widowed, or divorced~~. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12-1939

8. AGE: Years | Months 5 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Md
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Oscar Thompson
13. Birthplace Frederick County Md

MOTHER
14. Maiden Name Mary Thompson
15. Birthplace Frederick Co. Md.

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/19/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Ebenezer Cemetery
Location Centerville Md.

18 (a) Funeral director M. R. Etchison Ind Son
(b) Address Frederick Md.

19 (a) 18-Apr 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1940, at 6 15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1940, to 4-17 1940 and that I last saw her alive on 4-17 1940.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions Convulsions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury ✓

23. Signature Wm Scott Simon
M. D. or other

Address Frederick Date signed 4-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04284

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1½ Hours
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: R. F. D. #1, Fred'k Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Frederick, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Dolores G. Thompson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

8 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 2, 1936

8. AGE:

Years	Months	Days	If less than one day
4	2	16	hrs. min.

9. Birthplace: Frederick County Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: George R. Thompson
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Helen Summers
15. Birthplace: Frederick, County Maryland

16. Informant: Mr. George R. Thompson
Address: R.F.D.#1, Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/20/40 (month) (day) (year)
Cemetery or crematory: Lutheran
Location: Middletown, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19 8-Apr-40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18th, 1940 at 11:45 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 15 1940 to Apr 18 1940 and that I last saw h alive on Apr 18 1940

Immediate cause of death: Scarlet fever — DURATION: 4 weeks

Due to:

Due to:

Other conditions: Acute Nephritis. — 7 Days

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: H. S. Thurber M.D. or other
Address: Frederick, Md. Date signed: 4/18/40

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MAY 6 1910
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04285

75-e

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick

City or town Rural Nr Rocky Ridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Fredk

City or town Rural Nr. Rocky Ridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charley H. VALENTINE

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife Lily May Fogle

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16th. 1872

8. AGE: Years 67 Months 6 Days 22 If less than one day hrs. min.

9. Birthplace Rocky Ridge MD
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Grayson H. Valentine
13. Birthplace Rocky Ridge MD

MOTHER
14. Maiden name Alice A. Eyler
15. Birthplace Detour MD

16. Informant E. F. Keiholtz.
Address Rocky Ridge MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10th. 40 (month) (day) (year)

Cemetery or crematory Mt. Tabor Cemetery
Location Rocky Ridge MD

18. Funeral director M. L. Creager & Son.
Address Thurmont. MD.

19. 40 April 9 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 15 1940 to April 8 1940 and that I last saw him alive on April 7 1940

Immediate cause of death Cardiac Asthma

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Mussley M.D.
M. D. or other

Address Johnsville Md. Date signed Apr 10 40

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MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04286

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Thurmont.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
~~Stay in hospital~~ or Inst. (yrs., or mos., or days) 50 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Virginia WELLER

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Alfred C. Weller
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18th. ~~1844~~

8. AGE:

Years	Months	Days	If less than one day
76	0	18	hrs. min.

9. Birthplace Mercersburg. Penna
(Town, county, and state)
10. Usual occupation House-Work.
11. Industry or business Own Home
FATHER 12. Name Emanuel Unger
13. Birthplace Mercersburg. Penna.
MOTHER 14. Maiden name Sarah Unger
15. Birthplace Mercersburg. Penna.
16. Informant Mr Lee Martin
Address Thurmont. MD
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 9th. 40 (month) (day) (year)
Cemetery or crematory U. B. Cemetery
Location Thurmont. MD
18. Funeral director M. L. Creager & Son.
Address Thurmont. MD
19. April 8 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 6th. 1940. at 3;40 P;M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1940 to Apr. 6 1940 and that I last saw her alive on Apr. 6 1940

Immediate cause of death	DURATION
Coronary Embolism	Sudden
Due to Bronchopneumonia	13 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James K. Gray M. D. DR. JAMES K. GRAY
Address Thurmont Md M. D. or other
Date signed 4-7-40

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MAY 4 1910
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

04287

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) ~~City or town~~ Foxville Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. _____
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Lulu Wolfe

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. ~~Sex~~ Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband or ~~wife~~ James Wolfe

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 7 1889

8. AGE: Years 50 Months 6 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Mt. Garfield Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Chas. Meisner
13. Birthplace Md.

MOTHER
14. Maiden Name Fanny Wolfe
15. Birthplace Md.

16 (a) Informant Miss Adelsberger, Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial
(Burial, ~~cremation, or removal~~)
(b) Date thereof Apr 27 '40
(month) (day) (year)
(c) Cemetery or ~~crematory~~ Bethel M.E.
Location Nr. Foxville Fredco. Md

18 (a) Funeral director J. Thos Bittle & Son
(b) Address Myersville Md.

19 (a) 26. Apr 40
(Date rec'd by registrar)
(b) [signature]
Registrar

MEDICAL CERTIFICATION

20. Date of death April 25 1940, at 1 30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Apr. 25 1940, and that I last saw ~~him~~ alive on April 25 1940.

Immediate cause of death	Duration
Pulmonary T.B.	8 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature B. O. Thomas
M. D. or other
Address Frederick, Md Date signed 4/26/40

RECEIVED
MAY 6 1940
BUREAU V. S.